

job duties. She stated that she first became aware of her condition on March 8, 2014 and first attributed her condition to her employment on that date.

Appellant completed a statement on March 20, 2014 and attributed her condition to performing hours of repetitive reaching, twisting, and lifting to prepare her mail for delivery. She also stated that she pushed hundreds of pounds of mail and packages to her truck to lift, twist, turn, pick up, and carry again to deliver them. Appellant stated that her work activities had aggravated her prior conditions and that she was disabled. She noted that on March 20, 2010 she was involved in a motor vehicle accident which resulted in two fractured ribs, a punctured right lung and head contusion. Appellant noted that in 2010 she was diagnosed with spinal stenosis and degenerative disc disease. On March 30, 2010 OWCP accepted under OWCP File No. xxxxxx581 contusion of the chest wall. It also accepted under File No. xxxxxx581, pneumothorax, sprain of the right shoulder and upper arm, sprain of the neck, contusion of the face, scalp, and neck and sprain of the thoracic spine.

On March 21, 2014 appellant stated that she first became aware of her spinal stenosis and degenerative disc disease following her 2010 automobile accident. She stated that her condition was chronic and deteriorating due to hours of repetitive reaching, twisting, lifting, and carrying mail.

Dr. Bradley M. Smith, a family practitioner, completed a report on March 11, 2014 and diagnosed chronic upper back pain, chronic myofascial pain and overuse syndrome of the back with paresthesias. He stated that appellant had a work injury due to repetitive activity. Dr. Smith also noted that appellant was in a motor vehicle accident four years prior to his examination and had experienced pain since that event. He opined, "Patient's work duties are well known to cause overuse injuries of the upper back and thoracic myofascial pain." Dr. Smith attributed appellant's diagnosed overuse syndrome to her work.

On March 12, 2014 Dr. Smith noted appellant's history of injury and diagnosed chronic neck and upper back pain. He stated, "Decision as to whether current symptoms are related to previous work injury will be complicated."

OWCP requested additional factual and medical evidence in support of appellant's claim by letter dated April 14, 2014. On April 3, 2014 Dr. David Damazo, a physician Board-certified in emergency medicine, examined appellant and diagnosed foramen impingement C5-6 and degeneration of vertebral bones at C5-7, chronic neck pain, chronic upper back pain and overuse syndrome of the mid-back. On May 1, 2014 he diagnosed cervical neck pain with evidence of disc disease. Dr. Damazo stated, "[L]ifting and reaching, pushing, pulling and using the neck and shoulders in general aggravated the pain and progressively worsens the deterioration." He found that appellant was totally disabled.

OWCP denied appellant's claim for an occupational disease on June 26, 2014. It found that she had not submitted sufficient medical evidence to establish a causal relationship between her diagnosed conditions and her implicated employment duties.

Dr. Damazo examined appellant on July 3, 2014 and diagnosed cervical neck pain with evidence of disc disease, chronic neck pain, chronic upper back pain, overuse syndrome of the mid-back, chronic myofascial pain and neck muscle spasm.

Appellant requested reconsideration on September 21, 2014. She attributed her current condition to her March 20, 2010 employment injury. Appellant stated, “This is the same injury. The accident was the catalyst that started the deterioration. Continuing to do the reaching, lifting, twisting, and pushing while doing my job was what caused it to deteriorate to the point of disability.”

In a report dated August 11, 2014, Dr. Jeffrey S. Mimbs, an osteopath and a Board-certified neurosurgeon, noted appellant’s history of an automobile accident in 2010. He reviewed appellant’s magnetic resonance imaging (MRI) scan and found degenerative disc disease at C4-5, C5-6 and C6-7. Dr. Mimbs also found hypertrophic osteophytic spurring at C5-6 and C6-7 with foraminal stenosis at C5-6.

By decision dated February 18, 2015, OWCP denied modification of the June 26, 2014 decision and found that appellant failed to submit sufficient medical opinion evidence to establish a causal relationship between her diagnosed conditions of spinal stenosis and degenerative disc disease and her implicated employment duties of repetitive reaching, twisting, and lifting.

LEGAL PRECEDENT

OWCP’s regulations define an occupational disease as “a condition produced by the work environment over a period longer than a single workday or shift.”² To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant. The evidence required to establish causal relationship is rationalized medical opinion evidence, based upon a complete factual and medical background, showing a causal relationship between the claimed condition and identified factors. The belief of a claimant that a condition was caused or aggravated by the employment is not sufficient to establish causal relation.³

ANALYSIS

The Board finds that appellant has failed to establish that her back conditions were aggravated by her employment duties. Appellant experienced an employment-related motor vehicle accident on March 20, 2010. OWCP accepted under File No. xxxxxx581 that she

² 20 C.F.R. § 10.5(q).

³ *Lourdes Harris*, 45 ECAB 545, 547 (1994).

sustained neck, thoracic and right shoulder sprains as well as contusions of the chest wall, face, scalp and neck as well as a spontaneous pneumothorax on the right due to this accident.

Appellant returned to work following the March 20, 2010 accident and on March 21, 2014 she alleged that she had an aggravation of her underlying degenerative spine conditions from her employment duties. These duties included reaching, lifting, carrying, twisting and pushing as a rural mail carrier. Appellant provided factual evidence attributing the aggravation of her back conditions to her employment activities over a period longer than one work shift and has correctly filed a claim for an occupational disease.

Appellant provided medical evidence diagnosing foramen impingement C5-6 and degeneration of vertebral bones at C5-7 from Dr. Damazo. Dr. Mimbs diagnosed degenerative disc disease of the cervical spine with spurring at C5-6 and C6-7, and foraminal stenosis at C5-6. The Board finds, however, that appellant has not provided medical opinion evidence sufficient to establish a causal relationship between her diagnosed conditions and her implicated employment duties.

Dr. Mimbs did not provide any opinion on the causal relationship between appellant's diagnosed condition of degenerative cervical disc disease and her employment duties of lifting, carrying, reaching, twisting, and pushing. His report is not sufficient to meet appellant's burden of proof to establish an occupational disease.

Dr. Smith, diagnosed chronic upper back pain, chronic myofascial pain and overuse syndrome of the back with paresthesias. The Board has held that the mere diagnosis of "pain" alone does not constitute the basis for payment of compensation.⁴ Dr. Smith did not provide a clear diagnosis and his opinion is of limited probative value in establishing her occupational disease claim.

Dr. Damazo diagnosed foramen impingement C5-6 and degeneration of vertebral bones at C5-7 with chronic neck pain, chronic upper back pain and overuse syndrome of the mid-back. He found spinal degeneration and opined that appellant's work duties aggravated her pain from this condition as well as worsening the degeneration. While this report supports appellant's occupational disease claim, the Board finds that it is not sufficient to meet appellant's burden of proof because Dr. Damazo did not offer medical rationale explaining how appellant's employment duties worsened the underlying spine degeneration.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has not submitted sufficient medical opinion evidence to establish a back condition due to factors of her federal employment.

⁴ See *Robert Broome*, 55 ECAB 339 (2004).

ORDER

IT IS HEREBY ORDERED THAT the February 18, 2015 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 22, 2015
Washington, DC

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

Alec J. Koromilas, Alternate Judge
Employees' Compensation Appeals Board

James A. Haynes, Alternate Judge
Employees' Compensation Appeals Board